NATIONAL DRUG CODE (NDC) REQUIREMENT POLICY, PROFESSIONAL AND FACILITY

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

The Deficit Reduction Act of 2005 (DRA) requires Medicaid agencies to collect NDC numbers on pharmaceuticals. On May 1, 2018, MetroPlusHealth instituted the NDC billing requirements listed below for providers enrolled in the 340B Program:

• Outpatient drug claims billed by 340B qualified providers must contain a UD modifier.

• Outpatient drug claims billed by providers who are not 340B qualified must contain the NDC number, and the following data elements are required in addition to the NDC number for each "J" code: NDC Metric Unit, NDC Unit of Measure, CPT-4/HCPCS Code.

• All outpatient drug claims with an unlisted or miscellaneous HCPCS-CPT-4 code for both 340B and non- 340B qualified providers must contain the NDC number.

Upon enrollment in the 340B program, covered entities must determine whether they will use 340B drugs for their Medicaid patients. In New York State, if an entity determines to use 340B drugs for their Medicaid patients, they must use them for **ALL** of their Medicaid patients, both Fee-for-Service (FFS) and Managed Care (MCO).

National Drug Code (NDC) Billing Guidelines

National Drug Code (NDC) numbers are the industry standard identifier for drugs and provide full transparency to the medication administered. The NDC number identifies the manufacturer, drug name, dosage, strength, package size and quantity. MetroPlusHealth requires the use of NDCs and related information, such as Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT®) codes, when drugs are billed on **professional/ancillary** electronic (ANSI 837P) and paper (CMS-1500) claims.

This information may also be submitted on **institutional/facility** electronic (ANSI 837I) and paper (UB-04) claims. This includes drug-related revenue codes to report drug products used for services rendered at medical outpatient facilities as well as unlisted HCPCS/CPT codes that require additional NDC information.

MetroPlusHealth requires reporting of NDC information. In those cases, it may be submitted with the related HCPCS/CPT or revenue code as additional information.

WHERE DO I FIND THE NDC?

The NDC is usually found on the drug label or medication's outer packaging. If the medication comes in a box with multiple vials, using the NDC on the box (outer packaging) is recommended. The number on the packaging may be less than 11 digits. An asterisk may appear as a placeholder for any leading zeros.

The container label also displays information for the unit of measure for that drug. Listed below are the preferred NDC units of measure with examples:

- **UN** (Unit) – Powder-filled vials for injection (needs to be reconstituted), pellet, kit, patch, tablet, device

- **ML** (Milliliter) – Liquid, solution, or suspension

- **GR** (Gram) – Ointments, creams, inhalers, or bulk powder in a jar

- **F2** (International Unit) – Products described as IU/vial, or micrograms

HOW DO I SUBMIT THE NDC ON MY CLAIM?

Here are some quick tips and general guidelines to assist you with proper submission of valid NDCs and related information on electronic and paper claims:

✓MetroPlus**Health**

- The NDC must be submitted along with the applicable HCPCS/CPT code(s) and the number of HCPCS/CPT units.

- The NDC must follow the 5digit4digit2digit format (11-digit billing format, with no spaces, hyphens, or special characters). If the NDC on the package label is less than 11 digits, a leading zero must be added to the appropriate segment to create a 5-4-2 configuration.

- The NDC must be active for the date of service.

- Also include the **NDC qualifier, number of NDC units and NDC unit of measure**.

PROFESSIONAL AND INSTITUTIONAL ELECTRONIC CLAIM GUIDELINES (ANSI 837P AND ANSI 837I)

Field Name	Field Description	Loop ID	Segment
Product ID Qualifier	Enter **N4** in this field.	2410	LIN02
National Drug Code	Enter the 11-digit NDC billing format assigned to the drug administered.	2410	LIN03
National Drug Unit Count	Enter the quantity (number of NDC units)	2410	CTP04
Unit or Basis for Measurement	Enter the NDC unit of measure for the prescription drug given (**UN**, **ML**, **GR**, or **F2**)	2410	CTP05

Note: The total charge amount for each line of service also must be included for the Monetary Amount SV102 Segment, 2400 loop.

PROFESSIONAL PAPER CLAIM GUIDELINES (CMS-1500)

In the *shaded portion* of the line-item field 24A-24G on the CMS-1500, enter the qualifier **N4** (left-justified), immediately followed by the NDC. Next, enter one space for separation, then enter the appropriate qualifier for the correct dispensing unit of measure (**UN**, **ML**, **GR,** or **F2**), followed by the quantity (number of NDC units up to three decimal places), as indicated in the example below.

24. A	DATE(S) OF SERVICE				B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID #
	From		To				CPT/HCPCS	MODIFIER						
	MM DD YY		MM DD YY											
1	N400409477702 ML600.000											N		12345678901
	01 01 18		01 01 18		11		J0744			17 94	6	N	NPI	123456789

N4	00409477702	ML	600.000
NDC Qualifier	11-digit NDC	Unit of Measure	Quantity

INSTITUTIONAL PAPER CLAIM GUIDELINES (UB-04)

In the line-item field 42-46, enter the appropriate drug-related revenue code in field 42. In field 43, report the NDC qualifier **N4** (left-justified), immediately followed by the 11-character NDC in the 5-4-2 format (no hyphens). Immediately after the last digit of the NDC, enter the appropriate qualifier for the correct package size, NDC unit of measure (**UN, ML, GR**, or **F2**), followed by the quantity (number of NDC units up to three decimal places), as indicated in the example below.

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE
1	636	N400409477702ML600.000	J0744
2			
3			

N4	00409477702	ML	600.000
NDC Qualifier	11-digit NDC	Unit of Measure	Quantity

Note: Reimbursement for discarded drugs applies only to single-use vials. Multi-use vials are not subject to payment for discarded amounts of the drug

This link contains the 2023 HCPCS 'J' Codes Drugs Administered Other Than Oral Method, Chemotherapy Drugs:

https://www.hcpcsdata.com/Codes/J

505(b)(2) NDA or BLA Pathways and Products "Not Otherwise Classified"

HCPCS Code	Action	Long Descriptor
C9046	Revise	Cocaine hydrochloride nasal solution (goprelto), 1 mg
C9143	Add	Cocaine hydrochloride nasal solution (numbrino), 1 mg
J0131	Revise	Injection, acetaminophen, not otherwise specified, 10 mg
J0134	Add	Injection, acetaminophen (fresenius kabi) not therapeutically equivalent to J0131, 0 mg
J0136	Add	Injection, acetaminophen (b braun) not therapeutically equivalent to J0131, 10 mg
J0173	Add	Injection, epinephrine (belcher) not therapeutically equivalent to J0171, 0.1 mg
J0283	Add	Injection, amiodarone hydrochloride (nexterone), 30 mg
J0610	Revise	Injection, calcium gluconate (fresenius kabi), per 10 ml
J0611	Add	Injection, calcium gluconate (wg critical care), per 10 ml
J0689	Add	Injection, cefazolin sodium (baxter), not therapeutically equivalent to J0690, 500 mg
J0701	Add	Injection, cefepime hydrochloride (baxter), not therapeutically equivalent to maxipime, 500 mg
J0703	Add	Injection, cefepime hydrochloride (b braun), not therapeutically equivalent to maxipime, 00 mg
J0877	Add	Injection, daptomycin (hospira), not therapeutically equivalent to J0878, 1 mg
J0891	Add	Injection, argatroban (accord), not therapeutically equivalent to J0883, 1 mg (for non-esrd use)
J0892	Add	Injection, argatroban (accord), not therapeutically equivalent to J0884, 1 mg (for esrd on dialysis)

J0893	Add	Injection, decitabine (sun pharma) not therapeutically equivalent to J0894, 1 mg
J0898	Add	Injection, argatroban (auromedics), not therapeutically equivalent to J0883, 1 mg (for non-esrd use)
J0899	Add	Injection, argatroban (auromedics), not therapeutically equivalent to J0884, 1 mg (for esrd on dialysis)
J1456	Add	Injection, fosaprepitant (teva), not therapeutically equivalent to J1453, 1 mg
J1574	Add	Injection, ganciclovir sodium (exela) not therapeutically equivalent to J1570, 500 mg
J1611	Add	Injection, glucagon hydrochloride (fresenius kabi), not therapeutically equivalent to J1610, per mg
J1643	Add	Injection, heparin sodium (pfizer), not therapeutically equivalent to J1644, per 1000 units
J2021	Add	Injection, linezolid (hospira) not therapeutically equivalent to J2020, 200 mg
J2184	Add	Injection, meropenem (b. braun) not therapeutically equivalent to J2185, 100 mg
J2247	Add	Injection, micafungin sodium (par pharm) not therapeutically equivalent to J2248, 1 mg
J2251	Add	Injection, midazolam hydrochloride (wg critical care) not therapeutically equivalent to J2250, per 1 mg
J2272	Add	Injection, morphine sulfate (fresenius kabi) not therapeutically equivalent to J2270, up to 10 mg
J2281	Add	Injection, moxifloxacin (fresenius kabi) not therapeutically equivalent to J2280, 100 mg
J2311	Add	Injection, naloxone hydrochloride (zimhi), 1 mg
J2400	Delete	Injection, chloroprocaine hydrochloride, per 30 ml
J2401	Add	Injection, chloroprocaine hydrochloride, per 1 mg
J2402	Add	Injection, chloroprocaine hydrochloride (clorotekal), per 1 mg
J3244	Add	Injection, tigecycline (accord) not therapeutically equivalent to J3243, 1 mg

J3371	Add	Injection, vancomycin hcl (mylan) not therapeutically equivalent to J3370, 500 mg
J3372	Add	Injection, vancomycin hcl (xellia) not therapeutically equivalent to J3370, 500 mg
J9041	Revise	Injection, bortezomib, 0.1 mg
J9044	Delete	Injection, bortezomib, not otherwise specified, 0.1 mg
J9046	Add	Injection, bortezomib, (dr. reddy's), not therapeutically equivalent to J9041, 0.1 mg
J9048	Add	Injection, bortezomib (fresenius kabi), not therapeutically equivalent to J9041, 0.1 mg
J9049	Add	Injection, bortezomib (hospira), not therapeutically equivalent to J9041, 0.1 mg
J1954[4]	Add	Injection, leuprolide acetate for depot suspension (lutrate),7.5 mg
J9314[5]	Add	Injection, pemetrexed (teva) not therapeutically equivalent to J9305, 10 mg
J9393	Add	Injection, fulvestrant (teva) not therapeutically equivalent to J9395, 25 mg
J9394	Add	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to J9395, 25 mg

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[4] Revised November 4, 2022 to add the HCPCS Level II coding changes for MEARIS^{TM} application HCP22070101NT9 that are to become effective January 1, 2023.

[5] Revised November 4, 2022 to add the HCPCS Level II coding changes for MEARIS^{TM} application HCP220701F5U63 that are to become effective January 1, 2023.